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O. C. D. ARTESIA, OFFICE

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

tones sections					
DISTRIBUTION					
SANTA PE	1				
PILE	1	0			
V.3.0.4,					
LAMB OFFICE					
TRANSPORTER OIL	7				
BAS	1				
OPERATOR	1				
PROBATION OFFICE					

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE

PROBATION OFFICE	AUTHOR		ND PORT OIL AND NATU	RAL GAS				
Mesa Operating L	imited Pa	rtnership /						
P.O. Box 2009, A	marillo,	Texas 79189						
Reason(s) for filing (Check proper box) Now Well Recompletion Change in Ownership	Change in	7	Other (Please ry Gas ondensate	explain)				
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189								
II. DESCRIPTION OF WELL AND	LEASE Well No.	Pool Name, Including F WEST Pecos	Slope Abo	Kind of Lease State, Federal of Fee	Ledse No.			
Unix Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST								
Line of Section 7 Tow	nehip 7S	Range	23Е . ммрм	. Chaves	County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
Name of Authorized Transporter of OIL or Condensate MX Permian Corporation Permian (Elifer 1971) P.O. Box 1183/Houston, Texas 77001								
Name of Authorized Transporter of Cas Transwestern Pipeline			P.O. Box 2521,	Houston, Texas 77001	to be sent)			
If well produces all or liquids, give location of tanks.	Unit Sec.		Is gas octually connected YFS	5-9-83				
If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION Name Chg								
I hereby certify that the rules and regulation been complied with and that the information my knowledge and belief.	ons of the Oil Co on given is true an	onservation Division have nd complete to the best of	APPROVED	FFR 28 1986 Original Signed By	., 19			
TITLE Supervisor District II This form is to be filed in compliance with RULE 1104.								
Carolyn Cummings, Regulatory Clerk well, this form must be accompanied by a tabulation of the device taken on the well in accordance with RULE 111.					of the deviation			
February 14, 1986 All sections of this form must be filled out completely sble on new and recompleted wells.								
(Date)			Fill out only well name or number	sections I, II, III, and VI for ch r, or transporter, or other such cha	enges of owner, age of condition.			